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CONFIRMATION NO. 6509

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.						
10/644,106	08/20/2003 RULE	600	3767	11738.00120						
APPLICANTS Johan F.M. Gijbsbers, Geleen, NETHERLANDS; Frans L.H. Gielen, Eckelrade, NETHERLANDS; ** CONTINUING DATA ***** This application is a CIP of 10/174,257 06/18/2002 PAT 6,709,426 which is a CON of 09/561,550 04/28/2000 PAT 6,447,500 This application 10/644,106 08/20/2003 claims benefit of 60/404,605 08/20/2002 ** FOREIGN APPLICATIONS ***** ** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 09/17/2003										
<table border="1"> <tr> <td> Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input type="checkbox"/> No Verified and Acknowledged <u>/EMILY L WACHTEL/</u> Examiner's Signature </td> <td> <input type="checkbox"/> Met after Allowance <u>Initials</u> </td> <td> STATE OR COUNTRY NETHERLANDS </td> <td> SHEETS DRAWINGS 2 </td> <td> TOTAL CLAIMS 50 </td> <td> INDEPENDENT CLAIMS 4 </td> </tr> </table>					Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input type="checkbox"/> No Verified and Acknowledged <u>/EMILY L WACHTEL/</u> Examiner's Signature	<input type="checkbox"/> Met after Allowance <u>Initials</u>	STATE OR COUNTRY NETHERLANDS	SHEETS DRAWINGS 2	TOTAL CLAIMS 50	INDEPENDENT CLAIMS 4
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ADDRESS BANNER & WITCOFF, LTD AND ATTORNEYS FOR CLIENT NUMBER 011738 10 SOUTH WACKER DRIVE SUITE 3000 CHICAGO, IL 60606 UNITED STATES										
TITLE Brain fluid ion concentration modification for treating neurological disorders										
FILING FEE RECEIVED 1504	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit						